NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

Location: 3322 GARNER ROAD Raleigh NC 27610 (919)779-0700

	(313)/	73-0700		
AMOUNT FEE PAID:			APPROVED	
DATE:RECEIVED BY:	MAIL TO ADDRESS ON	DACK OF FORM	REJECTED	
ECEIVED BY: EMP. #:	MAIL TO ADDRESS ON I	BACK OF FURM	BY: DATE:	
			<i></i>	
	(Do Not Write Above	This Line)		
	SPECIAL ONE-TIME PER	RMIT APPLICATION		
Application Inst	ructions			
	plete the application by typewriter or print in ink.			
	icant's signature must be notarized.			
_	ial One-Time fee is \$50.00.			
	fee must be submitted by certified check, cashier's check, e payable to the North Carolina Alcoholic Beverage Contr	•		
	e payable to the Frontin Caronna Friconone Beverage Contr	or commission.		
	ication to the North Carolina Alcoholic Beverage Control ossessionof alcoholic beverages because of the following		ne-Time permit allowing the sal	e,
Please check appli	cable boxes. Required documents for each circumstance	ce are in BOLD.		
	I have acquired ownership or possession of alcoholic be	everages through a special occ	curance such as bankruptcy,	
	inderitance, foreclosure, or judicial sale and I do not cur beverages.	rrently possess a permit for th	e sale of alcoholic	
	- Official documentation explaining the details of ho	ow vou came into possessior	of alcoholic beverages.	
	such as a court order in a bankruptcy case, etc.	у у Р	- ·- ·································	
	- Inventory in detail of alcoholic beverages by quan	tity and brand.		
	I am a collector of wine and/or decorative decanters of s	spirituous liquor needing auth	orization to bring into the	
	state, transport or possess as a collector, a greater amount			
	to sell those decanters in a manner to be authorized by t	he Commission		
	- Give specific details on a separate sheet of paper e	explaining where you are tra	aveling from and the	
	destination; (home address)	_		
	- Detailed inventory of products, by quantity and b	rand.		
	I, as permittee, am going out of business and desire to so	ell my remaining stock to and	other permittee.	
	- An inventory report containing those mixed bever	· ·	· · · · · · · · · · · · · · · · · · ·	
	name, and address of permittee within your county v	who will purchase the alcoho	olic beverages.	
	- Complete Seller/Buyer information below.			
	Seller(s) Name:	Buver(s) Name:		
		• • •		
	Trade Name:	Trade Name:		
	Address:	Address:		
•	Street		Street	
	City State Zip Code	City	State Zip Code	

				Γ	Ending Pate and Time:				
and Time: Mo	nth Day	Year	AM (circle or		Mont	h Day	Year AM	M (circle one)	PM
SONAL INI	EODMATI	ON OF	APPLICAN	г.					
Applican		ON OF	ATTLICAN						
**	_	Firs	t (no abbreviations)		Middle		Last		
	Date of Birth								
	Applicant's Ho	me Address			City		State		Zip Code
	Applicant's Ma	iling Addres	ss, if different		City		State		Zip Code
()	Home Telepho			() Business Telephon		()	FAX#		
	e within the p	ast two			stance offense or alco				
I have then, II have	have had my not had an al	coholic	hip restored. beverage permi	t revoked within	the past three years.		y ocioic		
I have then, II have	have had my not had an al	coholic	hip restored. beverage permi	t revoked within	the past three years.	te.			_
I have then, II haveAll of	have had my not had an al the informati	coholic on suppl	hip restored. beverage permi	t revoked within is application is	the past three years.	te. olicant	y octore	Year	_
- I have then, I - I have - All of	have had my not had an al the informati	coholic on suppl	hip restored. beverage permitied by me in thi	t revoked within is application is	the past three years. complete and accura	te. olicant	y octore	Year	_
- I have then, I - I have - All of	have had my not had an al the informati	coholic on suppl	hip restored. beverage permitied by me in thi	t revoked within is application is	the past three years. complete and accura	olicant			_
- I have then, I - I have - All of	have had my not had an al the information bed before me pires:	coholic on suppl	hip restored. beverage permit ied by me in thi	t revoked within is application is	Signature of App	olicant alified by law to	administer oaths		 'S:

4307 MAIL SERVICE CENTER **RALEIGH NC 27699-4307**

3322 GARNER ROAD

RALEIGH NC 27610